

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/913595

FILING DATE

22 OCT 2001

APPLICANT(S)

Lisa mdo

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7	/						57						
8		/					58						
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37		/					87						
38		/					88						
39	/						89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44	/						94						
45	/						95						
46	/						96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	38						TOTAL DEP.						
TOTAL CLAIMS	46						TOTAL CLAIMS						